New Check Design Sample

WASHINGTON STATE DEPARTMENT OF HEALTH
P.O. BOX 47886   OLYMPIA, WA 98504-7886
1-800-841-1410   "Babies were born to be breastfed"   Southern National Bank   64-1968/611   **1150711129**

Client ID#: 115015226   Name: Smyth, Flora D
Pay To: Any Washington WIC Approved Store

First Day To Use	Transaction Date	Last Day To Use
May 24, 2006		**Jun 24, 2006**

36 oz. or Less Cereal (See Back of Check)
2 Gallon(s) Fluid Milk, 2% or less fat, fortified
1 Pound(s) Domestic Cheese (See Back of Check)
1 Juice (See Back of Check)
1 Dozen Eggs, Large or smaller
1 16/18oz Peanut Butter OR lb. Dry Beans/Peas/Lentils

Retailer Stamp ID Here

Actual Purchase Price

VOID

$

May 2006
959

Retailer must deposit this check within
60 days of "First Day To Use"

Customer Signature - Show ID to match name below
x
☐ Smyth, Joan M
☐ Smyth, Harry

⑾ ̆115071129⑧⑾ ⑆0611196841⑆   2509123⑾

WASHINGTON STATE DEPARTMENT OF HEALTH
P.O. BOX 47886   OLYMPIA, WA 98504-7886
1-800-841-1410   "Babies were born to be breastfed"   Southern National Bank   64-1968/611   **1150711130**

Client ID#: 115015226   Name: Smyth, Flora D
Pay To: Any Washington WIC Approved Store

First Day To Use	Transaction Date	Last Day To Use
May 24, 2006		**Jun 24, 2006**

2 Gallon(s) Fluid Milk, 2% or less fat, fortified
1 Juice (See Back of Check)
1 Dozen Eggs, Large or smaller

Retailer Stamp ID Here

Actual Purchase Price

VOID

$

May 2006
954

Retailer must deposit this check within
60 days of "First Day To Use"

Customer Signature - Show ID to match name below
x
☐ Smyth, Joan M
☐ Smyth, Harry

⑾ ̆115071130⑦⑾ ⑆0611196841⑆   2509123⑾

WASHINGTON STATE DEPARTMENT OF HEALTH
P.O. BOX 47886   OLYMPIA, WA 98504-7886
1-800-841-1410   "Babies were born to be breastfed"   Southern National Bank   64-1968/611   **1150711131**

Client ID#: 115015226   Name: Smyth, Flora D
Pay To: Any Washington WIC Approved Store

First Day To Use	Transaction Date	Last Day To Use
May 24, 2006		**Jun 24, 2006**

1 Gallon(s) Fluid Milk, 2% or less fat, fortified
1 Quart(s) Fluid Milk, 2% or less fat, fortified
1 Juice (See Back of Check)

Retailer Stamp ID Here

Actual Purchase Price

VOID

May 2006
960

Retailer must deposit this check within
60 days of "First Day To Use"

Customer Signature - Show ID to match name below
x
☐ Smyth, Joan M
☐ Smyth, Harry

⑾ ̆115071131⑥⑾ ⑆0611196841⑆   2509123⑾

		Check #'s:
Caregiver Name:	Smyth, Joan M	
Client Name:	Smyth, Flora D	1150711129
Food Pkg:	C101LF: 3 check(s)	1150711130
Issue Date:	May 24, 2006	1150711131
First Day to Use:	May 24, 2006	
Staff ID:	zcoach, zcoach	X _____